

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 24 1950

State File No. 38615  
Registrar's No. 9543

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. 38615		Registrar's No. 9543			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u> <u>2239</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2052 RUSSELL BLVD</u>				d. STREET ADDRESS (If rural, give location) <u>2052 RUSSELL BLVD</u>							
3. NAME OF DECEASED (Type or Print) <u>EMILY</u>			a. (First)		b. (Middle) <u>L</u>		c. (Last) <u>HEZEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 8-1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 29 1872</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Days <u>4</u> Hours <u>9</u> Min. <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>				11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>LOUIS OTTENAD</u>				13b. MOTHER'S MAIDEN NAME <u>LOUISE MC HOSE</u>				14. NAME OF HUSBAND OR WIFE <u>CHARLES J HEZEL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Hezel</u> ADDRESS <u>2052 Russell</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Collapse</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Colitis</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>Asso</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 18, 1950</u> to <u>Nov. 8, 1950</u> , that I last saw the deceased alive on <u>Nov. 8, 1950</u> , and that death occurred at <u>5:30 P.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Leo P. J. [Signature]</u> (Degree or title) <u>D. M.D.</u>				23b. ADDRESS <u>2621 Jefferson</u>				23c. DATE SIGNED <u>11/8/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>				24b. DATE <u>NOV-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Peter + Paul Cem</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>			
DATE REC'D BY LOCAL REG. <u>NOV 10 1950</u>				REGISTRAR'S SIGNATURE <u>J. B. Laster</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm J Robert Livery + Undertakers 1705 S. Main</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Ronald O. Yshake*

Licensed Embalmer No. *3917*

P. O. Address.....

*St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.